



17502D049

OR FISCAL YEAR BEGINNING _____ 2017, ENDING _____

CHECK HERE IF THIS IS
A CHANGE OF ADDRESS

CHECK HERE IF THIS IS
A JOINT DECLARATION

Your Social Security Number _____

Spouse's Social Security Number _____

Your First Name _____ Initial _____

Your Last Name _____

Spouse's First Name _____ Initial _____

Spouse's Last Name _____

For Office Use Only

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Current Mailing Address - Line 1 (Street No. and Street Name or PO Box) _____

Current Mailing Address - Line 2 (Apt No., Suite No., Floor No.) _____

City or Town _____

State _____

ZIP Code _____

IF YOU DO NOT ELECT TO FILE ELECTRONICALLY, USE THIS FORM TO REMIT ANY PAYMENT DUE AT THIS TIME. Additional copies of this form are available at www.marylandtaxes.com.

IMPORTANT: Please review the instructions before completing this form. If you are using this form for subsequent estimated payments and you previously have calculated the amounts you must pay for each quarter, you **do not** need to complete this worksheet.

ESTIMATED TAX WORKSHEET

STAPLE CHECK HERE

- 1. Total income expected in 2017 (federal adjusted gross income) **1.** _____
- 2. Net modifications (See instructions.) **2.** _____
- 3. Maryland adjusted gross income (line 1, plus or minus line 2) **3.** _____
- 4. Deductions:
 - a. If standard deduction is used, see instructions.
 - b. If deductions are itemized, enter total of federal itemized deductions less state and local income taxes. **4.** _____
- 5. Maryland net income (Subtract line 4 from line 3.) **5.** _____
- 6. Personal exemptions (See instructions.) **6.** _____
- 7. Taxable net income (Subtract line 6 from line 5.) **7.** _____
- 8. Maryland income tax (See instructions.) **8.** _____
- 9. Personal and business income tax credits **9.** _____
- 10. Subtract line 9 from line 8 (If less than 0, enter 0.) **10.** _____
- 11. Local income tax or special nonresident income tax: Multiply line 7 by **.0** _____ (See instructions.) **11.** _____
- 12. Local income tax credit **12.** _____
- 13. Total 2017 Maryland and local income tax (Subtract line 12 from the sum of lines 10 and 11.) . . **13.** _____
- 14. Maryland income tax to be withheld during the year 2017 **14.** _____
- 15. Total estimated tax to be paid by declaration (Subtract line 14 from line 13.) **15.** _____
- 16. Amount to be submitted with declaration (Divide line 15 by 4.) **16.** _____

For payment by credit card see payment instructions. Make checks payable to "Comptroller of Maryland."

ESTIMATED TAX PAID FOR 2017 WITH THIS DECLARATION
(If filing and paying electronically or by credit card, do not submit this form.) ▶ \$ _____